STATEMENT
Date 11/8/04 Name Tyrone garage
Others Involved Kevin, Meggie, Nich
Witness(es) Tyrone and neural extrer in Social studies
Class
Where Event Occurred . Brain Studies
STATEMENT OF FACTS There was an event that happen in Mrs Fredrick abasson
Party got TIP In homogram but as he walked out though
hein Bay va to that nigga right them hit ag Az County
and hit deep in Jaw Henhead that hat he is give him a deap wish the mr meggie came in and said
Who are you talking to and siege liaked at him and said he was going to but a deap wife on him but the
Came in and fraid who are foutable to as he started to leave he cracked right below the left eye.
Total Control of the last tip 4 page of the control



Principal Parent Student File

Cc:

)			NOTICE OF SUSPENSION
TO:	SARAD (U)	-	
		in the state of th	
•			
RE:	Student's Last Name	Ke,	First
SCHO	-1 + 1 1 / F / d/		GRADE:
	to inform you that the above named student ha	is/been/suspended f	rom school for a period of 5
This ac	ction is being taken as a result of $\frac{HSS}{2}$	7111t - 1	MADHI HREA
opporti	uspension is based on the facts, which have been unity to present his/her side of the story. the time of this suspension the student:	en presented to me.	Your child has been given an
	 a. is not to be on school property, includin b. may not attend or participate in any sch 	g the school ground nool activity.	
	erence with the school staff has been scheduled call the school to confirm your attendance.		on NOV. 10/04
resolve appeal	wish to appeal the suspension, you must notify to your concerns with the principal, the next level is please contact 454-2525 and for secondary a must be done within one day following the verba	l of appeal is to the I ppeals please conta	District Office. For elementary
Signat	Ure of Administrator	Telephone Nur	2/7/ nber-4/12 Date
I have	been given an opportunity to tell my side of the	story	EMIIJ
X)		11/8/0	
Signat	ure of Student	Date	
NOTE	: IF SUSPENSION IS A RESULT OF A VIOLAT	ION INVOLVING W	EAPONS OR DRUGS, THIS

LETTER IS FORMAL NOTIFICATION AS REQUIRED BY HB651.

Rev; 5/02

Form 243

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